

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

PLAINTIFF DEMETRIUS BROWN	COURT CASE NUMBER 1:04-cv-379
DEFENDANT F.C.I. McKEAN	TYPE OF PROCESS SUMMONS

SERVE AT NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
F.C.I. McKEAN
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Federal Correctional Institution McKean, Route 59, Big Shanty Road,
P.O. Box 5000, Lewis Run, PA. 16738.

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Demetrius Brown
Reg. No. 21534-033
FCI RayBrook
P.O. Box 9001
RayBrook, NY. 12977

Number of process to be served with this Form 285

1

Number of parties to be served in this case

9

Check for service on U.S.A.

X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

The Defendant is hereby summoned and required to serve upon Plaintiff, Demetrius Brown, whose address is stated above, an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. The nature of this action is a Tort Claim for personal injuries suffered due to ETS in which relief is for ten million dollars; filed with Clerk for W.D.P.A.

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

Demetrius Brown

8/30/05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	No. _____	No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date *Unmy* Time ☐ am ☐ pm

Signature of U.S. Marshal or Deputy

Shirley H. H. H.

Service Fee <i>for</i>	Total Mileage Charge: including endeavors	Forwarding Fee	Total Charges <i>for</i>	Advance Deposits	Amount paid to U.S. Marshal* or (Amount of Refund*) <i>\$ 800</i>
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REMARKS: *010/10 mail 09/14/05*
09/27/05 RETURNED TO COURT UNEXECUTED - NO SUCH NUMBER PER COPY OF THE ENVELOPE.

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00